



ADOPTION ASSISTANCE: CHILD CERTIFICATION

State Form 2976 (R4 / 6-04) / FPP 0020

CONFIDENTIALITY STATEMENT - If the subject of this record is to be adopted, then upon adoption this record will be confidential pursuant to IC 31-19-19; USC 622.

Case number
Date completed (<i>month, day, year</i>)

Adoptive name of child (<i>last, first, middle</i>)		Date of birth (<i>month, day, year</i>)	
Child is currently receiving: <input type="checkbox"/> SSI <input type="checkbox"/> AFDC <input type="checkbox"/> IV - E FC			
Document evidence that child would have been eligible for SSI, AFDC, or IV - E FC.			
Child is legally free for adoption via: (<i>check one</i>) <input type="checkbox"/> Involuntary termination <input type="checkbox"/> Voluntary termination		Court	
Court case number	Date (<i>month, day, year</i>)	Date mother signed consent (<i>month, day, year</i>)	Date father signed consent (<i>month, day, year</i>)
Special needs: <input type="checkbox"/> Child has medical condition or physical, mental or emotional handicap that would make it difficult to place the child. Attach a current medical statement from a medical doctor which includes diagnosis, prognosis and treatment indicated. <input type="checkbox"/> Child is two (2) years of age or older. <input type="checkbox"/> Child should be placed in same home as siblings, and one child in sibling group is at least two (2) years of age or older. Name and ages of siblings _____ _____ _____			
Describe the efforts made to place the child in an adoptive home without adoptive assistance.			
If it is in the best interest of the child to be adopted by his / her foster parents, describe the evidence of existing, significant emotional ties.			
Child to be adopted by: (<i>name of adoptive parents</i>)			
Address (<i>number and street, city, state, ZIP code</i>)			
Court	Court case number	Date (<i>month, day, year</i>)	
Date of adoptive placement (<i>month, day, year</i>)		Date adoption assistance agreement signed (<i>month, day, year</i>)	
Child is presently receiving: <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other (<i>specify</i>)			